

**APPENDIX D (REQUIRED FORMS)**  
**EXHIBIT 21 (TRANSITIONAL JOB OPPORTUNITIES PREFERENCE PROGRAM APPLICATION)**

**I hereby certify that I meet all of the following requirements for this Preference Program:**

- ☐ My business is a non-profit corporation qualified under Internal Revenue Services Code - Section 501(c)(3) and has been such for three (3) years (*attach IRS Determination Letter*);
- ☐ I have included my three (3) most recent annual tax returns with this application;
- ☐ I have been in operation for at least one (1) year providing transitional job and related supportive services to program participants; and
- ☐ I have included a profile of our program with this application addressing the following: a description of its components designed to help the program participants; number of past program participants; and, any other information requested by County.

**TRANSITIONAL JOB OPPORTUNITIES PREFERENCE**

Proposer understands that in no instance shall the Transitional Job Opportunities Preference Program price or scoring preference be combined with any other County preference program to exceed eight percent (8%) in response to this solicitation.

**DECLARATION**

**I declare under penalty of perjury under the laws of the State of California that the information herein is true and correct.**

\_\_\_\_\_  
Proposer's Name

\_\_\_\_\_  
Name of Authorized Representative

\_\_\_\_\_  
Title of Authorized Representative

\_\_\_\_\_  
Authorized Representative's Signature

\_\_\_\_\_  
Date

**REVIEWED BY COUNTY**

\_\_\_\_\_  
Name of Reviewer

\_\_\_\_\_  
Approved or Disapproved

\_\_\_\_\_  
Reviewer's Signature

\_\_\_\_\_  
Date